



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2009 FFS Rate Codes - Eval & Mgmt

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Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
99174	OCULAR PHOTOSCREENING WITH INT	BR	BR	1/1/2008
99201	OFFICE OR OTHER OUTPATIENT VISIT	\$33.83	\$20.77	2/1/2009
99202	OFFICE OR OTHER OUTPATIENT VISIT	\$58.15	\$40.13	2/1/2009
99203	OFFICE OR OTHER OUTPATIENT VISIT	\$85.24	\$61.62	2/1/2009
99204	OFFICE OR OTHER OUTPATIENT VISIT	\$130.07	\$102.58	2/1/2009
99205	OFFICE OR OTHER OUTPATIENT VISIT	\$163.40	\$133.41	2/1/2009
99211	OFFICE OR OTHER OUTPATIENT VISIT	\$18.45	\$7.89	2/1/2009
99212	OFFICE OR OTHER OUTPATIENT VISIT	\$34.88	\$20.77	2/1/2009
99213	OFFICE OR OTHER OUTPATIENT VISIT	\$56.08	\$39.51	2/1/2009
99214	OFFICE OR OTHER OUTPATIENT VISIT	\$84.30	\$61.73	2/1/2009
99215	OFFICE OR OTHER OUTPATIENT VISIT	\$114.01	\$88.62	2/1/2009
99217	OBSERVATION CARE DISCHARGE DAY	\$60.90	\$60.90	2/1/2009
99218	INITIAL OBSERVATION CARE, PER DAY	\$57.39	\$57.39	2/1/2009
99219	INITIAL OBSERVATION CARE, PER DAY	\$94.33	\$94.33	2/1/2009
99220	INITIAL OBSERVATION CARE, PER DAY	\$132.72	\$132.72	2/1/2009
99221	INITIAL HOSPITAL CARE, PER DAY, FO	\$80.08	\$80.08	2/1/2009
99222	INITIAL HOSPITAL CARE, PER DAY, FO	\$110.21	\$110.21	2/1/2009
99223	INITIAL HOSPITAL CARE, PER DAY, FO	\$161.92	\$161.92	2/1/2009
99231	SUBSEQUENT HOSPITAL CARE, PER D	\$33.36	\$33.36	2/1/2009
99232	SUBSEQUENT HOSPITAL CARE, PER D	\$59.59	\$59.59	2/1/2009
99233	SUBSEQUENT HOSPITAL CARE, PER D	\$85.46	\$85.46	2/1/2009
99234	OBSERVATION OR INPATIENT HOSPIT	\$115.09	\$115.09	2/1/2009
99235	OBSERVATION OR INPATIENT HOSPIT	\$151.72	\$151.72	2/1/2009
99236	OBSERVATION OR INPATIENT HOSPIT	\$188.69	\$188.69	2/1/2009
99238	HOSPITAL DISCHARGE DAY MANAGEM	\$60.93	\$60.93	2/1/2009
99239	HOSPITAL DISCHARGE DAY MANAGEM	\$87.49	\$87.49	2/1/2009
99241	OFFICE CONSULTATION FOR A NEW C	\$44.91	\$29.71	2/1/2009
99242	OFFICE CONSULTATION FOR A NEW C	\$83.48	\$62.67	2/1/2009
99243	OFFICE CONSULTATION FOR A NEW C	\$114.55	\$87.38	2/1/2009
99244	OFFICE CONSULTATION FOR A NEW C	\$168.00	\$136.95	2/1/2009
99245	OFFICE CONSULTATION FOR A NEW C	\$207.33	\$172.05	2/1/2009
99251	INPATIENT CONSULTATION FOR A NE	\$43.05	\$43.05	2/1/2009
99252	INPATIENT CONSULTATION FOR A NE	\$68.46	\$68.46	2/1/2009
99253	INPATIENT CONSULTATION FOR A NE	\$102.18	\$102.18	2/1/2009
99254	INPATIENT CONSULTATION FOR A NE	\$147.44	\$147.44	2/1/2009
99255	INPATIENT CONSULTATION FOR A NE	\$181.78	\$181.78	2/1/2009
99281	EMERGENCY DEPARTMENT VISIT FOR	\$18.31	\$18.31	2/1/2009
99282	EMERGENCY DEPARTMENT VISIT FOR	\$34.51	\$34.51	2/1/2009
99283	EMERGENCY DEPARTMENT VISIT FOR	\$55.61	\$55.61	2/1/2009
99284	EMERGENCY DEPARTMENT VISIT FOR	\$102.72	\$102.72	2/1/2009
99285	EMERGENCY DEPARTMENT VISIT FOR	\$153.34	\$153.34	2/1/2009
99288	PHYSICIAN DIRECTION OF EMERGENC	\$39.90	\$39.90	2/1/2009
99291	CRITICAL CARE, EVALUATION AND MA	\$235.76	\$192.38	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
99292	CRITICAL CARE, EVALUATION AND MA	\$105.36	\$96.54	2/1/2009
99304	INITIAL NURSING FACILITY CARE, PER	\$71.78	\$71.78	2/1/2009
99305	INITIAL NURSING FACILITY CARE, PER	\$99.83	\$99.83	2/1/2009
99306	INITIAL NURSING FACILITY CARE, PER	\$127.83	\$127.83	2/1/2009
99307	SUBSEQUENT NURSING FACILITY CAF	\$35.49	\$35.49	2/1/2009
99308	SUBSEQUENT NURSING FACILITY CAF	\$54.49	\$54.49	2/1/2009
99309	SUBSEQUENT NURSING FACILITY CAF	\$72.76	\$72.76	2/1/2009
99310	SUBSEQUENT NURSING FACILITY CAF	\$106.52	\$106.52	2/1/2009
99315	NURSING FACILITY DISCHARGE DAY M	\$53.05	\$53.05	2/1/2009
99316	NURSING FACILITY DISCHARGE DAY M	\$69.18	\$69.18	2/1/2009
99318	EVALUATION AND MANAGEMENT OF A	\$75.04	\$75.04	2/1/2009
99324	DOMICILIARY OR REST HOME VISIT FO	\$50.11	\$50.11	2/1/2009
99325	DOMICILIARY OR REST HOME VISIT FO	\$72.72	\$72.72	2/1/2009
99326	DOMICILIARY OR REST HOME VISIT FO	\$118.03	\$118.03	2/1/2009
99327	DOMICILIARY OR REST HOME VISIT FO	\$153.20	\$153.20	2/1/2009
99328	DOMICILIARY OR REST HOME VISIT FO	\$181.20	\$181.20	2/1/2009
99334	DOMICILIARY OR REST HOME VISIT FO	\$50.19	\$50.19	2/1/2009
99335	DOMICILIARY OR REST HOME VISIT FO	\$77.14	\$77.14	2/1/2009
99336	DOMICILIARY OR REST HOME VISIT FO	\$109.42	\$109.42	2/1/2009
99337	DOMICILIARY OR REST HOME VISIT FO	\$156.82	\$156.82	2/1/2009
99339	INDIVIDUAL PHYSICIAN SUPERVISION	\$62.31	\$62.31	2/1/2009
99340	INDIVIDUAL PHYSICIAN SUPERVISION	\$87.06	\$87.06	2/1/2009
99341	HOME VISIT FOR THE EVALUATION AN	\$49.79	\$49.79	2/1/2009
99342	HOME VISIT FOR THE EVALUATION AN	\$72.72	\$72.72	2/1/2009
99343	HOME VISIT FOR THE EVALUATION AN	\$115.13	\$115.13	2/1/2009
99344	HOME VISIT FOR THE EVALUATION AN	\$150.66	\$150.66	2/1/2009
99345	HOME VISIT FOR THE EVALUATION AN	\$181.20	\$181.20	2/1/2009
99347	HOME VISIT FOR THE EVALUATION AN	\$47.65	\$47.65	2/1/2009
99348	HOME VISIT FOR THE EVALUATION AN	\$71.72	\$71.72	2/1/2009
99349	HOME VISIT FOR THE EVALUATION AN	\$104.75	\$104.75	2/1/2009
99350	HOME VISIT FOR THE EVALUATION AN	\$146.72	\$146.72	2/1/2009
99354	PROLONGED PHYSICIAN SERVICE IN T	\$84.20	\$79.60	2/1/2009
99355	EACH ADDITIONAL 30 MINUTES (LIST \$	\$82.82	\$77.86	2/1/2009
99356	PROLONGED PHYSICIAN SERVICE IN T	\$76.78	\$76.78	2/1/2009
99357	PROLONGED PHYSICIAN SERVICE IN T	\$77.10	\$77.10	2/1/2009
99358	PROLONGED EVALUATION AND MANA	\$87.96	\$87.96	2/1/2009
99359	PROLONGED EVALUATION AND MANA	\$42.37	\$42.37	2/1/2009
99360	PHYSICIAN STANDBY SERVICE, REQU	\$49.93	\$49.93	2/1/2009
99363	ANTICOAGULANT MANAGEMENT FOR	\$100.70	\$68.24	2/1/2009
99364	ANTICOAGULANT MANAGEMENT FOR	\$34.67	\$26.19	2/1/2009
99367	MEDICAL TEAM CONFERENCE WITH IN	\$45.63	\$45.63	2/1/2009
99368	MEDICAL TEAM CONFERENCE WITH IN	\$29.45	\$29.45	2/1/2009
99374	PHYSICIAN SUPERVISION OF A PATIE	\$58.65	\$48.77	2/1/2009



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99375	PHYSICIAN SUPERVISION OF A PATIE	\$97.95	\$91.58	2/1/2009
99377	PHYSICIAN SUPERVISION OF A HOSPI	\$58.65	\$48.77	2/1/2009
99378	PHYSICIAN SUPERVISION OF A HOSPI	\$105.00	\$98.64	2/1/2009
99379	PHYSICIAN SUPERVISION OF A NURSI	\$58.33	\$48.45	2/1/2009
99380	PHYSICIAN SUPERVISION OF A NURSI	\$87.70	\$75.73	2/1/2009
99381	INITIAL COMPREHENSIVE PREVENTIV	\$89.45	\$55.10	2/1/2009
99382	INITIAL COMPREHENSIVE PREVENTIV	\$96.76	\$63.96	2/1/2009
99383	INITIAL COMPREHENSIVE PREVENTIV	\$95.25	\$63.96	2/1/2009
99384	INITIAL COMPREHENSIVE PREVENTIV	\$103.64	\$72.00	2/1/2009
99385	INITIAL COMPREHENSIVE PREVENTIV	\$103.64	\$72.00	2/1/2009
99386	INITIAL COMPREHENSIVE PREVENTIV	\$121.25	\$88.49	2/1/2009
99387	INITIAL COMPREHENSIVE PREVENTIV	\$131.95	\$96.18	2/1/2009
99391	PERIODIC COMPREHENSIVE PREVEN	\$71.61	\$47.90	2/1/2009
99392	PERIODIC COMPREHENSIVE PREVEN	\$80.03	\$55.93	2/1/2009
99393	PERIODIC COMPREHENSIVE PREVEN	\$79.26	\$55.93	2/1/2009
99394	PERIODIC COMPREHENSIVE PREVEN	\$86.94	\$63.96	2/1/2009
99395	PERIODIC COMPREHENSIVE PREVEN	\$87.71	\$63.96	2/1/2009
99396	PERIODIC COMPREHENSIVE PREVEN	\$96.10	\$72.00	2/1/2009
99397	PERIODIC COMPREHENSIVE PREVEN	\$107.19	\$80.46	2/1/2009
99401	PREVENTIVE MEDICINE COUNSELING	\$32.81	\$20.84	2/1/2009
99402	PREVENTIVE MEDICINE COUNSELING	\$55.43	\$42.37	2/1/2009
99403	PREVENTIVE MEDICINE COUNSELING	\$77.64	\$63.90	2/1/2009
99404	PREVENTIVE MEDICINE COUNSELING	\$99.58	\$85.10	2/1/2009
99411	PREVENTIVE MEDICINE COUNSELING	\$12.08	\$6.80	2/1/2009
99412	PREVENTIVE MEDICINE COUNSELING	\$17.12	\$11.11	2/1/2009
99420	ADMINISTRATION AND INTERPRETATI	\$8.10	\$8.10	2/1/2009
99429	UNLISTED PREVENTIVE MEDICINE SE	BR	BR	1/1/1992
99441	TELEPHONE EVALUATION AND MANA	\$11.80	\$10.74	2/1/2009
99442	TELEPHONE EVALUATION AND MANA	\$21.53	\$20.48	2/1/2009
99443	TELEPHONE EVALUATION AND MANA	\$31.95	\$30.90	2/1/2009
99460	Initial hospital or birthing center care, per	\$50.96	\$50.96	2/1/2009
99461	Initial care, per day, for evaluation and ma	\$78.17	\$57.35	2/1/2009
99462	Subsequent hospital care, per day, for eva	\$27.28	\$27.28	2/1/2009
99463	Initial hospital or birthing center care, per	\$68.50	\$68.50	2/1/2009
99464	Attendance at delivery (when requested b	\$63.91	\$63.91	2/1/2009
99465	Delivery/birthing room resuscitation, provi	\$131.63	\$131.63	2/1/2009
99466	Critical care services delivery by a physica	\$210.21	\$210.21	2/1/2009
99467	Critical care services delivery by a physica	\$104.75	\$104.75	2/1/2009
99468	Initial inpatient neonatal critical care, per d	\$787.08	\$787.08	2/1/2009
99469	Subsequent inpatient neonatal critical care	\$343.53	\$343.53	2/1/2009
99471	Initial inpatient pediatric critical care, per d	\$704.71	\$704.71	2/1/2009
99472	Subsequent inpatient pediatric critical care	\$347.93	\$347.93	2/1/2009
99475	Initial inpatient pediatric critical care, per d	\$485.17	\$485.17	2/1/2009



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99476	Subsequent inpatient pediatric critical care	\$287.76	\$287.76	2/1/2009
99477	INITIAL HOSPITAL CARE, PER DAY, FO	\$303.57	\$303.57	2/1/2009
99478	Subsequent intensive care, per day, for th	\$125.42	\$125.42	2/1/2009
99479	Subsequent intensive care, per day, for th	\$110.07	\$110.07	2/1/2009
99480	Subsequent intensive care, per day, for th	\$105.76	\$105.76	2/1/2009
99499	UNLISTED EVALUATION AND MANAGE	BR	BR	1/1/1992
G0101	CERVICAL OR VAGINAL CANCER SCR	\$32.78	\$32.78	2/1/2009
G0102	PROSTATE CANCER SCREENING; DIG	\$18.45	\$7.89	2/1/2009
G0117	GLAUCOMA SCREENING FOR HIGH RI	\$42.15	\$42.15	2/1/2009
G0118	GLAUCOMA SCREENING FOR HIGH RI	\$28.47	\$28.47	2/1/2009
G0175	SCHEDULED INTERDISCIPLINARY TEA	BR	BR	1/1/2001
G0179	PHYSICIAN RE-CERTIFICATION FOR M	\$42.85	\$42.85	2/1/2009
G0180	PHYSICIAN CERTIFICATION FOR MEDI	\$56.09	\$56.09	2/1/2009
G0245	INITIAL PHYSICIAN EVALUATION AND	\$59.52	\$40.99	2/1/2009
G0246	FOLLOW-UP PHYSICIAN EVALUATION	\$35.59	\$21.05	2/1/2009
G0247	ROUTINE FOOT CARE BY A PHYSICIAN	\$38.91	\$23.63	2/1/2009
G0250	PHYSICIAN REVIEW, INTERPRETATION	\$8.87	\$8.87	2/1/2009
G0337	HOSPICE EVALUATION AND COUNSEL	\$62.02	\$62.02	2/1/2009
S0270	PHYSICIAN MGT OF PATIENT HOME C	BR	BR	4/1/2007
S0271	PHYSICIAN MANAGEMENT OF PATIEN	BR	BR	4/1/2007
S0272	PHYSICIAN MANAGEMENT OF PATIEN	BR	BR	4/1/2007